

Name
in
Full

Gladys Cooper Anthony

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at near Bumpton		County Baltimore		MARYLAND		
Date of death 1905	Month April	Day 29	Years one	Months 7.	Days 3	
Sex girl	Color or Race Black			Birth- place Md		
Married, Single or Widowed	Occupation					
Name of Wife or Husband						
Father's Name Isaiah Anthony			Father's Birthplace Md			
Mother's Maiden Name Mary Ann Harkless			Mother's Birthplace Md			
Name of person giving Information Isaac Anthony			How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pneumonia	(93) 	How long 3 weeks
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. A. Sheppard M.D.	
	Address Bumpton Md.	
Accident or Suicide? J		



Name
in
Full

Mariette A Biscor

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Baltimore		Town Baltimore		County Baltimore Co		MARYLAND	
Date of death 1905	Month 4	Day 4	Age 62	Years 62	Months 7	Days 12	
Sex Female	Color or Race white	Birth-place Baltimore Co					
Occupation House Wife	Where Residing if not at place of death at place of death						
Married, Single or Widowed	Name of Wife or Husband Mrs J Biscor						
Father's Name John Nickerson	Father's Birthplace don't know						
Mother's Maiden Name Mrs Ross	Mother's Birthplace don't know						
Name of person giving information Geo Godwin	How related to deceased Son						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Peritonitis		How long two weeks
Immediate Hemorrhage		How long six hours
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Foster Suds	Address Sudsville Md
	Accident or Suicide?	

Name
in
Full

Mahiley Borelden

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Succulon</u> Town		County <u>Sixty Anne</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>Apr.</u>	Day <u>16</u>	Years <u>67</u>	Months	Days	
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Maryland</u>				
Occupation <u>Wife</u>	Where Residing if not at place of death <u>Place of death</u>					
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Perry Borelden</u>					
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>					
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>" "</u>					
Name of person giving information <u>Mr. Hillson</u>	How related to deceased <u>Son in law</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic nephritis. aortic regurgitation

How long

With knew

Immediate

Failure of compensation

How long

about 6 months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

M. Adams -

Address

Succulon, Md.



Accident or Suicide?



Name
in
FullTo BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

<i>Adelie L. Brown</i>				CERTIFICATE OF DEATH			
Died at Dear Church Hill		Town	County Baltimore		MARYLAND		
Date of death	1905	Month April	Day 14	Years 0	Months 4	Days 17	
Sex Female	Color or Race Negro	Age —		Birth- place Dear Church Hill			
Occupation —	Where Residing if not at place of death at place of birth						
Married, Single or Widowed Single	Name of Wife or Husband George E. Brown		Father's Birthplace Dear Church Hill				
Mother's Maiden Name Aunie J. Bennett	Mother's Birthplace Dear Church Hill						
Name of person giving Information George E. Brown	How related to deceased Mother						

CAUSES OF DEATH

Primary

*In a Natura**(170)*How long
don't know

Immediate

*Sequelae of above*How long
don't knowAre the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician
J. H. D. L. BrownAddress
Dear Church Hill, Md

Accident or Suicide?

Sw游船 only once 2 months ago - 91



Name
in
Full

Margaret St. Duff.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

8

Accident or Suicide?

21

LIBRARY BUREAU 488818

Town	County			MARYLAND	
Died at	Culverville	County	Maryland	Months	Days
Date of death	1905	Month	4	Day	8
Age	61	Years		Months	23
Sex	Female	Color or Race	White	Birth-place	Md
Married, Single or Widowed	Widowed			Occupation	Lady
Name of Wife or Husband	John A. Duff				
Father's Name	Jerome Gahring			Father's Birthplace	Md
Mother's Maiden Name	Margant Parroted			Mother's Birthplace	Md
Name of person giving Information	Maggie Duff			How related to deceased	Mother

CAUSES OF DEATH

Primary

Artificial Ochrease

8

How long

2003 yrs

Immediate

Embal Hemorrhage

How long

16 hours

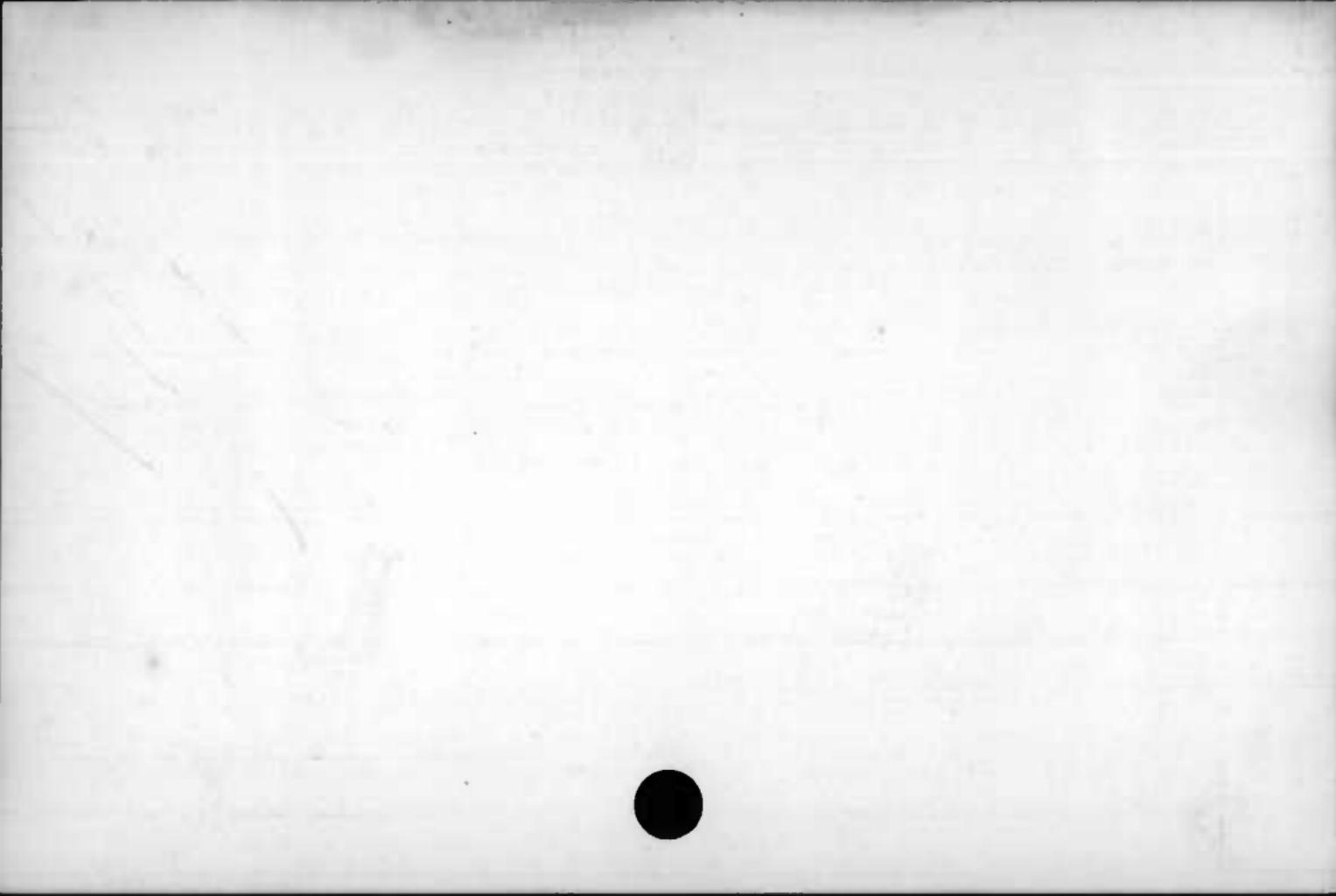
Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Franklin Duff
Culverville
Md



Name
in
Full

Ellen Heath

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1908	Month April	Day 22	Age 67	Years	Months	Days
Sex female	Color or Race Black	Birth-place Kent Island, Md.				
<input checked="" type="checkbox"/> Single <input checked="" type="checkbox"/> Widowed	Widow	Occupation Housewife				
Name of Wife or Husband						
Father's Name	George Heath			Father's Birthplace	Kent Island, Md.	
Mother's Maiden Name	Kittie Jones			Mother's Birthplace	" " "	
Name of person giving information	Charles Heath			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

93
How long
wk

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Perry Keen

Kent Island, Md.

J

Accident or Suicide?



Name
in
Full

Solomon Legg.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

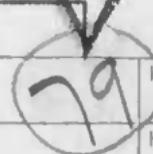
Died at		Town	County		MARYLAND		
Date of death	1905	Month Apr	Day 22	Age 66	Years	Months	Days 22
Sex	Male	Color or Race	White		Birth- place	Delaware.	
Married, Single or Widowed	Widower	Occupation			Farmer		
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information	Andrew Legg.			How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Disease of heart



How long

Year

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Wm Jeter

Address

Millington, Md.



Accident or Suicide?

Entered in Willingboro

Cemetery

Kent Co

2nd

Name
in
Full

Achekat T. Oddye

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Brumpton</u>		Town <u>Brumpton</u> County <u>Queen Anne</u>		MARYLAND	
Date of death 1905	Month <u>April</u>	Day <u>18</u>	Years <u>82</u>	Months <u>7</u>	Days <u>21</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>N. Jersey</u>			
Married, Single or Widowed <u>Widow</u>	Occupation <u>Lady</u>				
Name of Wife or Husband					
Father's Name <u>Nathan Taylor</u>	Father's Birthplace <u>N. Jersey</u>				
Mother's Maiden Name <u>Elizabeth Dawson</u>	Mother's Birthplace <u>N. Jersey</u>				
Name of person giving Information <u>Elizabeth Dawson</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

Primary

Jaundice from Obstruction

114 How long

3 months

Immediate

Paralysis

now long

1 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. N. Sheppard

Brumpton Ind

Accident or Suicide?



Name
in
Full

Annie. Polk

CERTIFICATE OF DEATH

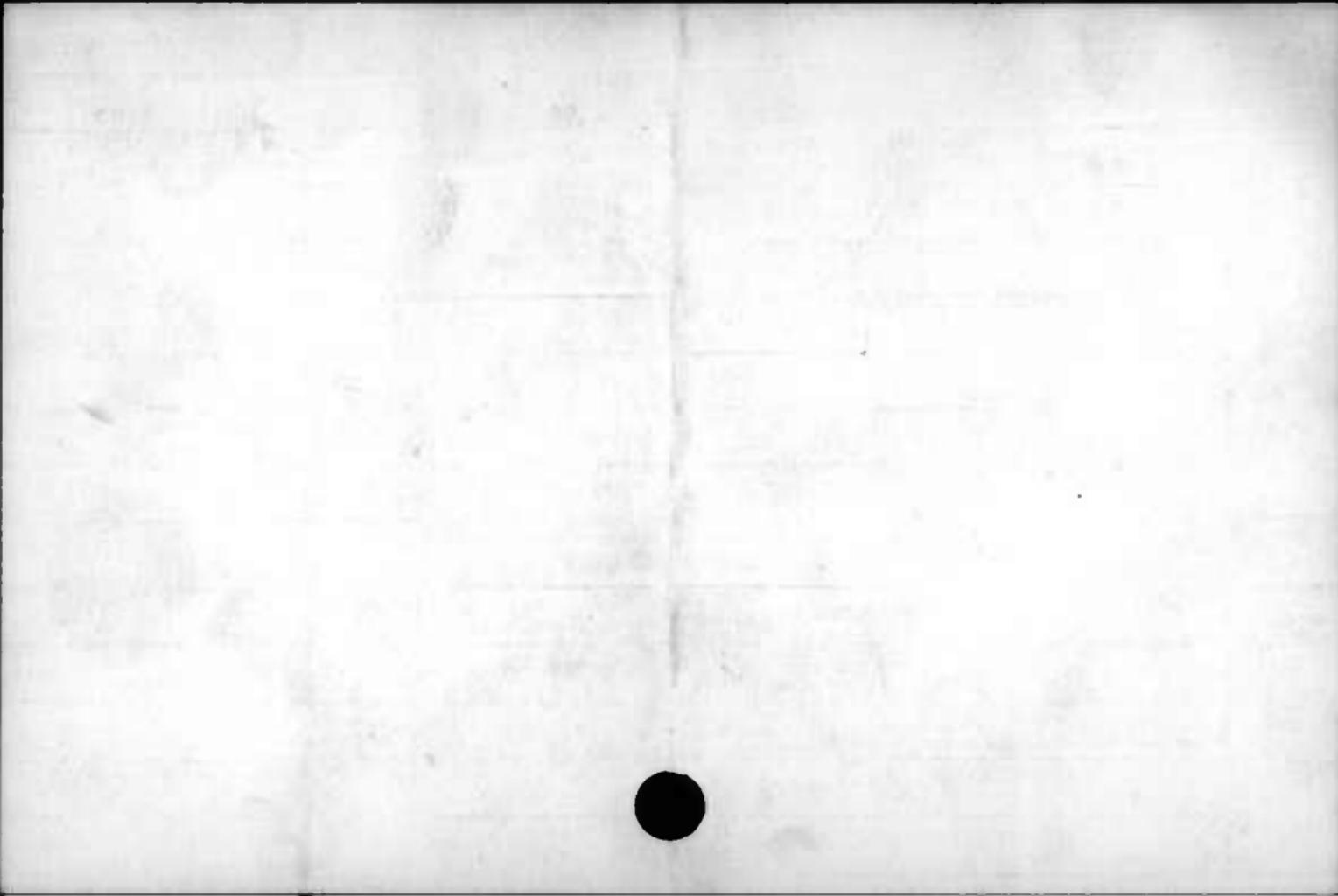
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1905	Month 4	Day 15	Years	Months 1	Days
Sex	Female	Color or Race	Age	Birth- place	Winchester	
Occupation		Where Residing if not at place of death			Winchester	
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Edw Polk				Father's Birthplace	St. Mary Co.
Mother's Maiden Name	Annie Conyer				Mother's Birthplace	St. Mary Co.
Name of person giving Information	R. G. Conyer				How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	jaw fits		How long
Immediate			1 month
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	How long	
8 yes	+ Mary L. Bousen	X X	
Accident or Suicide?	Address	X Fords Store	
		+ Md	



Name
in
Full

Mary Richardson

CERTIFICATE OF DEATH

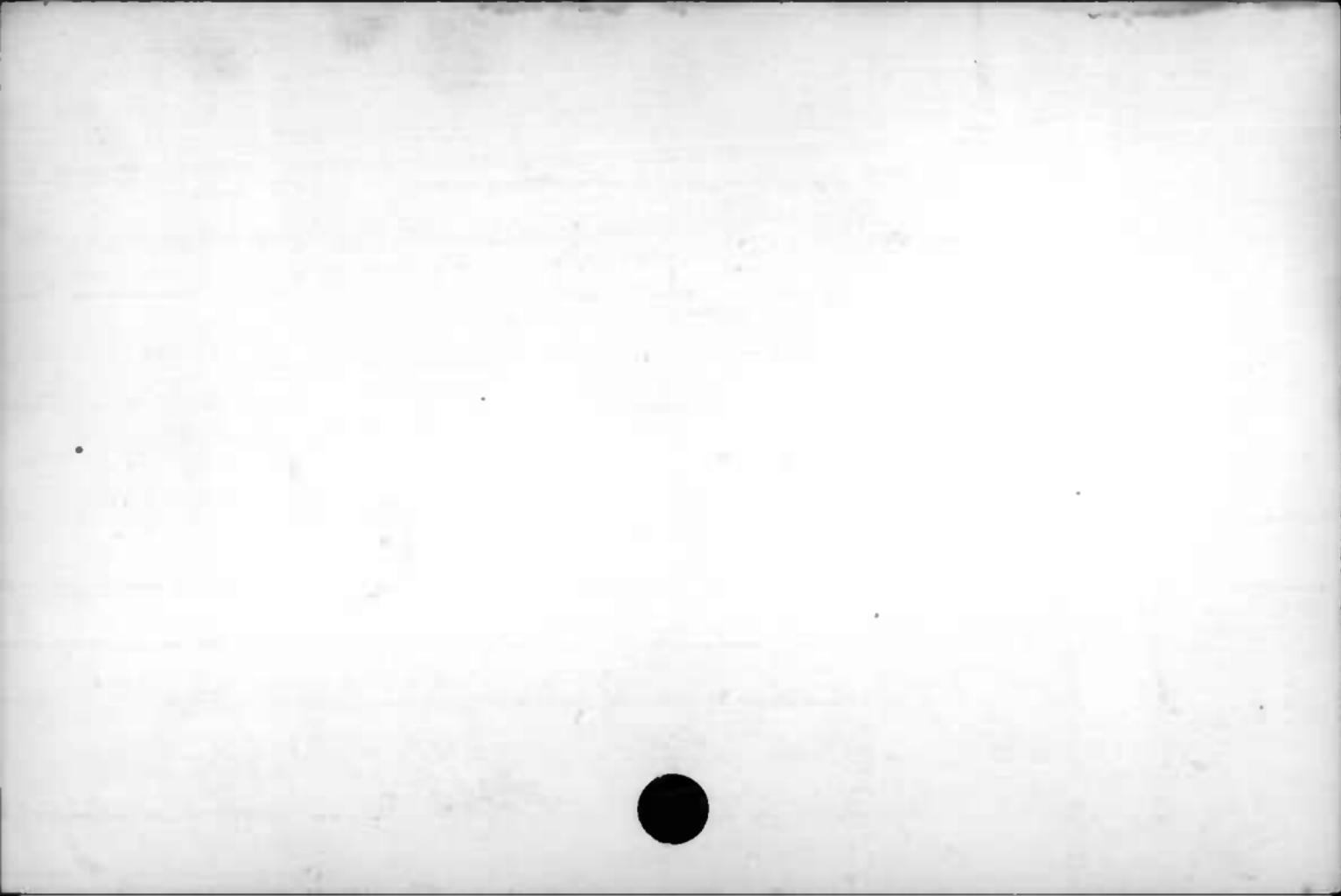
TO BE ANSWERED BY
NEAREST FRIEND

Died at Chestertown Town Queen Anne's County
Date of death 1905 Month April Day 2 Age 13 Years 10 Months 10 Days —
Sex female Color or Race Negro Birth-place Tent Island
Married, Single or Widowed Single Occupation House girl
Name of Wife or Husband
Father's Name Walter Richardson Father's Birthplace Tent Island End
Mother's Maiden Name Lizzie Mother's Birthplace " " "
Name of person giving information Horace Brown Relationship to deceased uncle

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis How long 1 yr
Immediate Exhaustion - How long
Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Percy Kemp
Address St. Georges, Md.
Accident or Suicide? 9



Name
in
Full

Amanda W. Rochester

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at <u>Mar Ingleside</u>		County <u>Quebec</u>	MARYLAND		
Date of death <u>1905</u>	Month <u>4</u>	Day <u>27</u>	Age <u>9 months</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>Black</u>	Birthplace <u>Rochester Pa.</u>			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Samuel J. Rochester</u>	Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Susie A. Taylor</u>	Mother's Birthplace <u>Md.</u>				
Name of person giving information <u>Samuel J. Rochester</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Scarletts

(159)

How long

3 months

Immediate

Scarletts

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

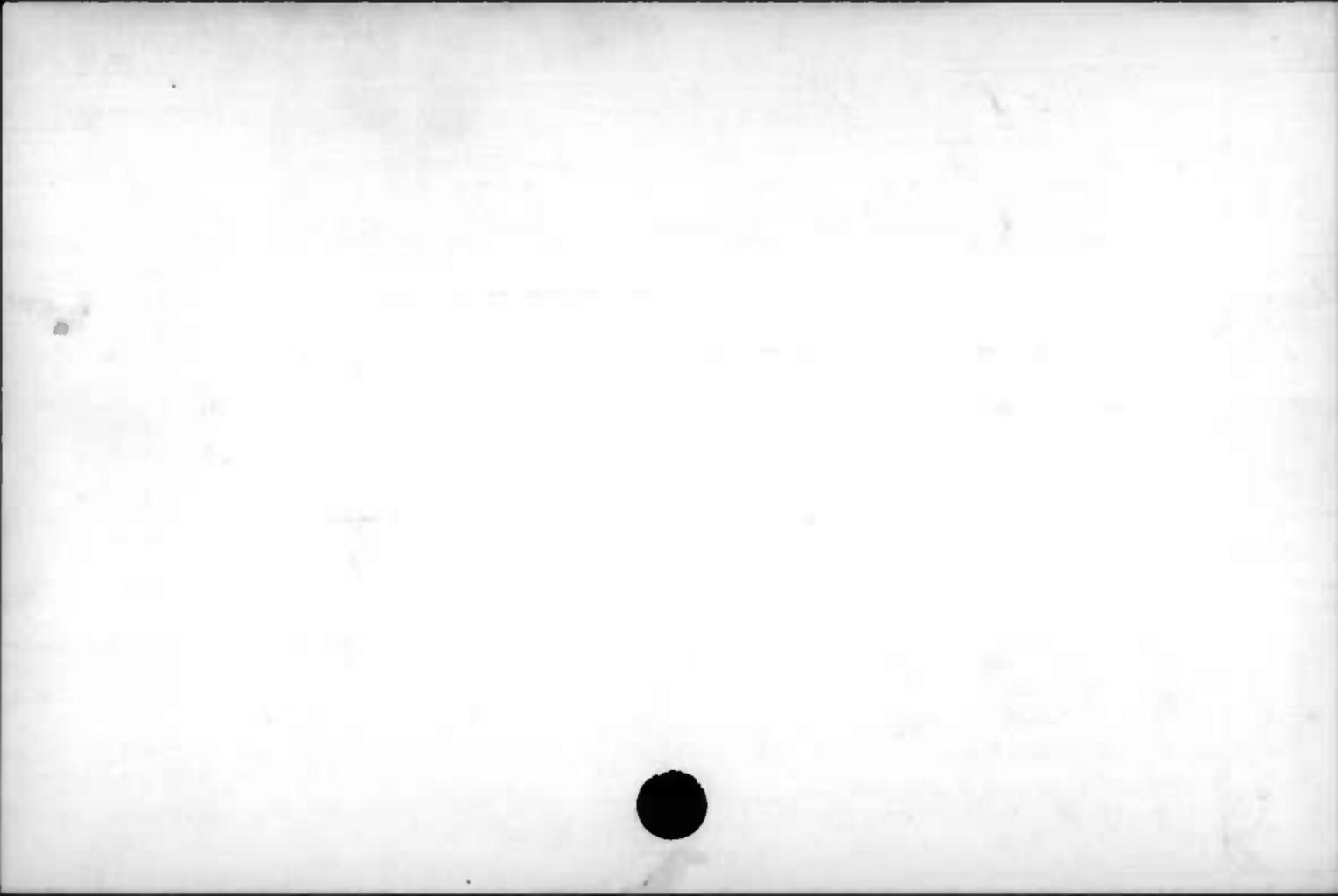
J. P. Smith

Emporia Md.

J. P. Smith, Coroner

Accident or Suicide?

8



Name
in
Full

Curry Sewell

CERTIFICATE OF DEATH

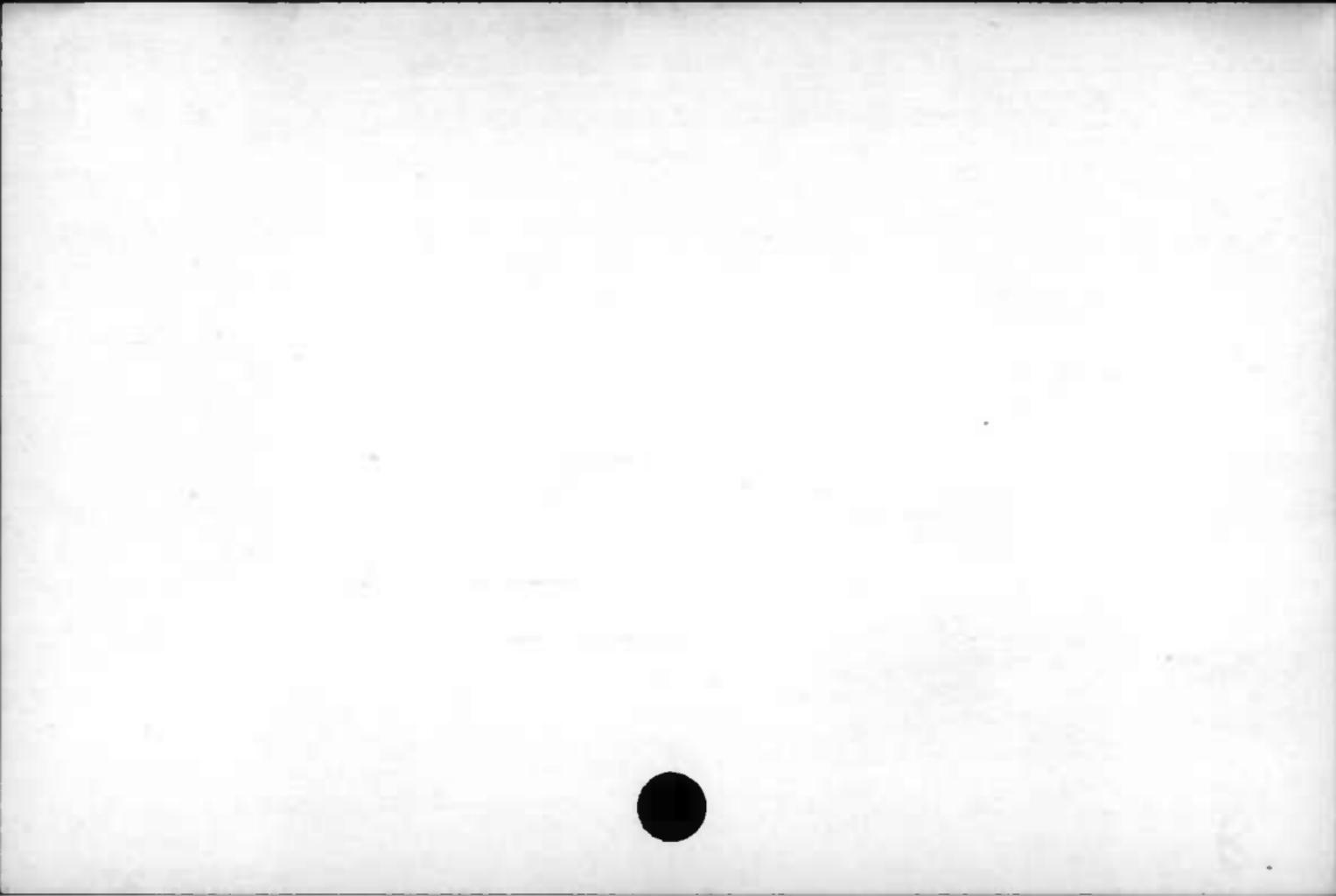
TO BE ANSWERED BY
NEAREST FRIEND

Died at 26 of April		Town	Queens Anne		County	MARYLAND	
Date of death 1905	Month April	Day 9	Years 24	Age 24	Months 4	Days 19	
Sex Female	Color or Race Colored	Birth-place Engleside Md					
Occupation House wife	Where Residing if not at place of death						
Married, Single or Widowed Married	Name of Wife or Husband Wesley Sewell						
Father's Name Wm Henry Brown	Father's Birthplace Queen Anne Co. Md						
Mother's Maiden Name Annie Dean	Mother's Birthplace Talbot Co. Md						
Name of person giving information Charles W Dean	How related to deceased Uncle						

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary Hooping cough	27	How long three months
Immediate Pulmonary Tuberculosis	27	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Walter H Lessaby M.D.	
	Address Rushaburg Md.	
9 Accident or Suicide?		



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

8

Harrietta L. Shewbooks

Town

County

CERTIFICATE OF DEATH

Died at Centreville

De Re

MARYLAND

Date of death 1905 April 3

Years

Age 60

Months

Days

Sex Female Color or Race

Birth-place

Married, Single
or Widowed

Occupation

Name of Wife or Husband

Father's Name

Mother's Maiden Name

Name of person giving
Information

John Shewbooks

Father's Birthplace

J. A. Bo

Mother's Birthplace

W. related
deceased

Sister

CAUSES OF DEATH

How long

How long

Primary

Romanic poisoning. Secondary disturbance of
the nerve centers. Ending in coma

3 hours

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Jas. Bordley M.D.
Centreville Md.

Accident or Suicide?

Name
in
Full

Mary Francis Barker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>near Rue</u>		Town	County <u>Queen Anne</u>		MARYLAND		
Date of death <u>1905</u>	Month <u>4</u>	Day <u>30</u>	Age <u>59</u>	Years	Months <u>7</u>	Days <u>10</u>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Baltimore Md</u>					
Occupation <u>Hannover</u>	Where Residing if not at place of death <u>Place of death</u>						
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Am Paratt Sparks</u>						
Father's Name <u>Samuel Emerson</u>	Father's Birthplace <u>Baltimore Md</u>						
Mother's Maiden Name <u>Sarah Jones</u>	Mother's Birthplace <u>Delaware</u>						
Name of person giving information <u>Am Paratt Sparks</u>	How related to deceased <u>Husband</u>						

CAUSES OF DEATH

Primary

Arterio-Sclerosis

64

How long

For 4 yrs

Immediate

Cerebral Hemorrhage

How long

26 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

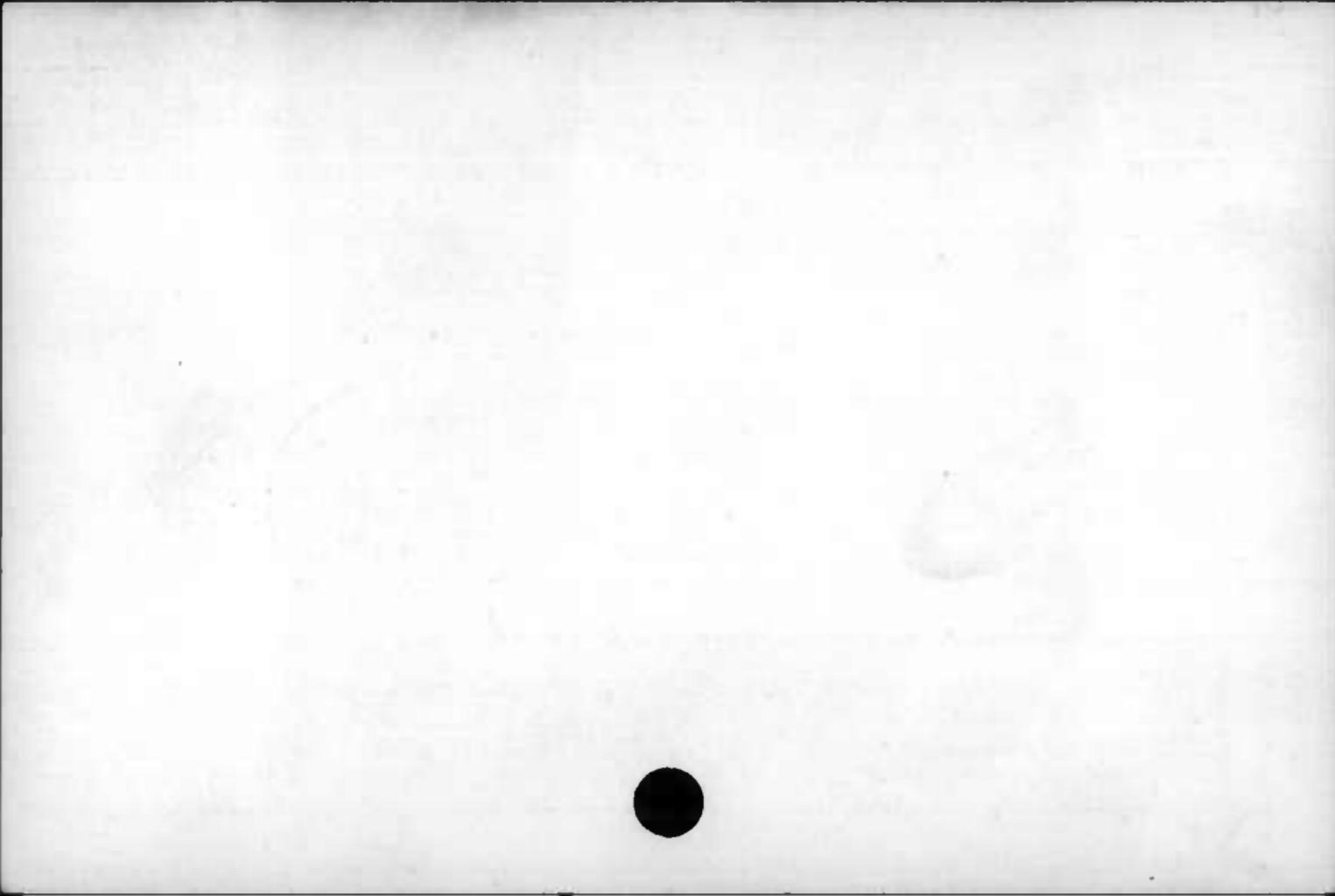
Montgomery Md

Circleville

Frederick, Md

8
Accident or Suicide?

no



Name
in
Full

Bennett. T. Stafford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>St. Marys</u>		Town	County <u>D. C.</u>	
Date of death <u>1905</u>	Month <u>April</u>	Day <u>13</u>	Age	Years <u>70</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>9. A. Co. St. Marys Md</u>		
Occupation		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband		
Father's Name <u>W. Stafford</u>		Father's Birthplace <u>D. C. 69</u>		
Mother's Maiden Name <u>Emma Ivens</u>		Mother's Birthplace <u>Tobots Co</u>		
Name of person giving information <u>A. W. Ivens</u>		How related to deceased <u>My Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Indigestion

How long

10 week

Immediate

Paralysis of stomach

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

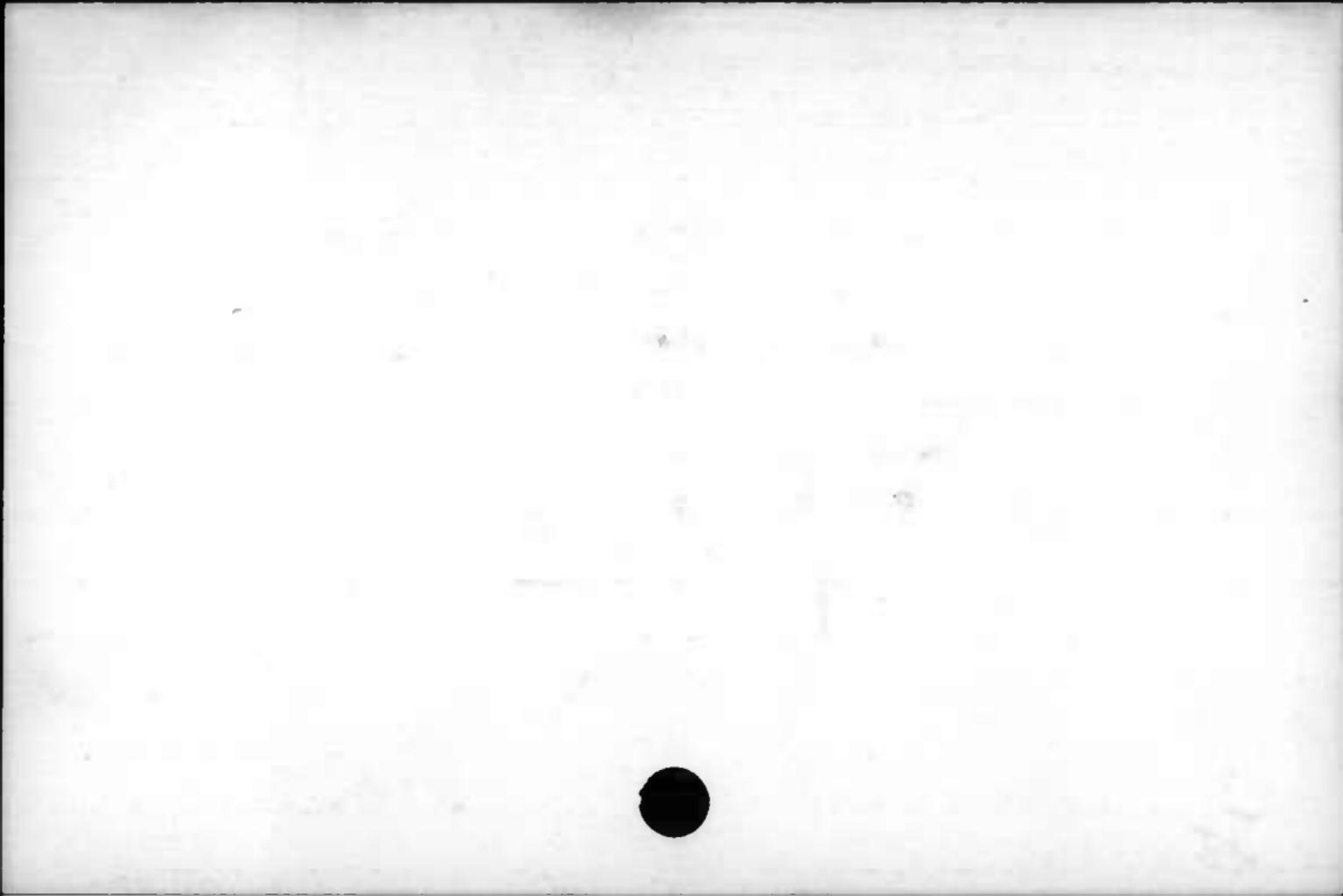
No Dr. for ^{weeks} 2

Jos. G. Lawrence

Address

Centreville Md

Accident or Suicide?



Name
in
Full

Mrs Mary Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Kent Island		2 A				
Date of death	1905	Month	Day	Years	Months	Days
Sex	female	Color or Race	White	Age	56	
Married, Single or Widowed		Occupation	Housewife			
Name of Wife or Husband	Mr Thomas					
Father's Name	Edwina Staging			Father's Birthplace	Balto	
Mother's Maiden Name	Edith Lee			Mother's Birthplace		
Name of person giving information	James Thomas			How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Gall Stones

16

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

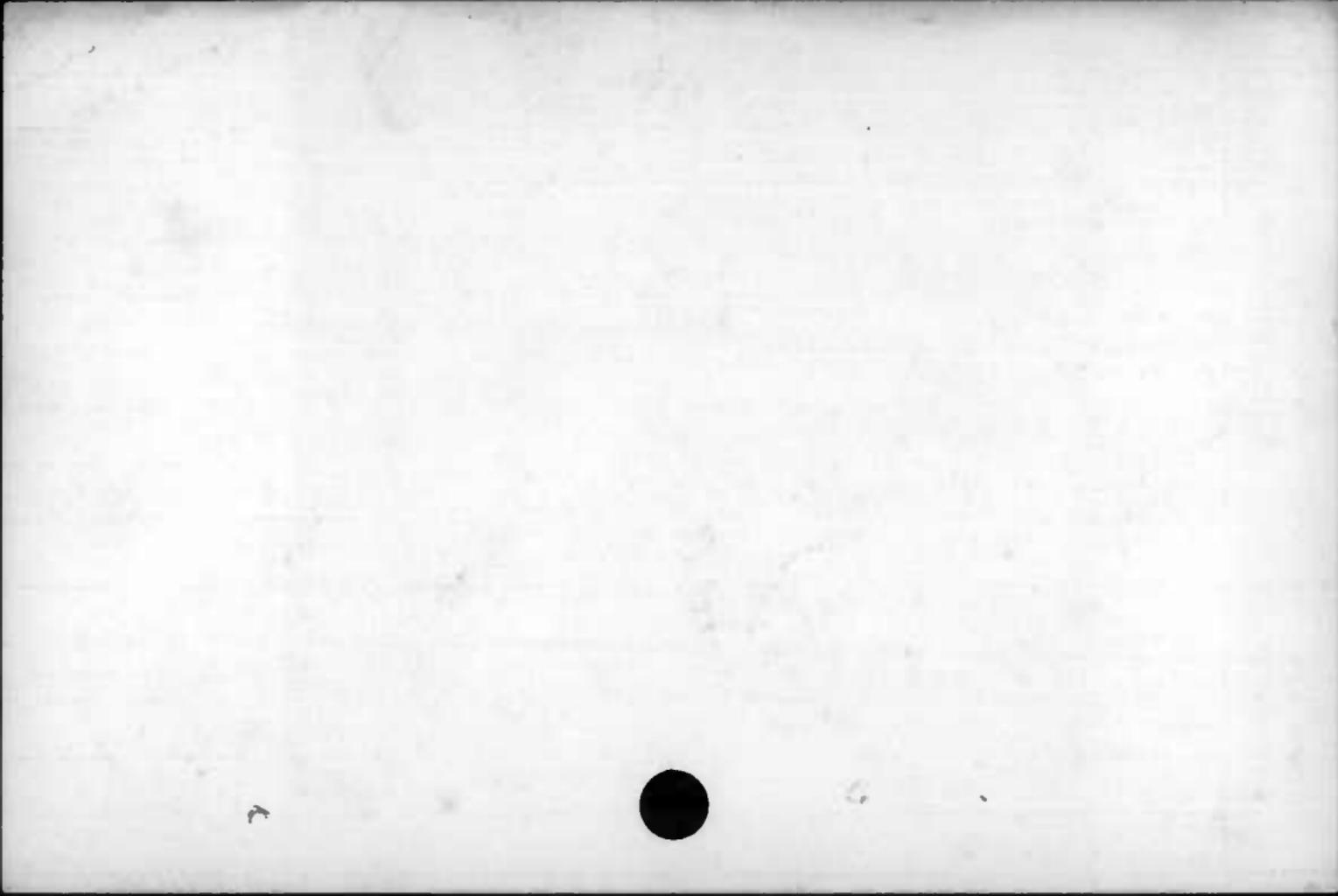
Signature of Physician

Address

Percy Keup
Steubenville Cld

Accident or Suicide?

80



Name
in
Full

Mrs Mamie M. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND	
Died at <u>Baltimore</u>	Month <u>4</u>	Day <u>24</u>	Years <u>26</u>	Months <u>7</u>	Days
Date of death <u>1905</u>	Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Md</u>		
Occupation <u>House wife</u>	Where Residing if not at place of death <u>Clarence St (Lind)</u>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>James Cox</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Mollie M. forces</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>Edo Smith</u>			How related to deceased <u>Husband</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bright's Disease

How long

Two Years

Immediate

Uremia

How long

Two Weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

yes

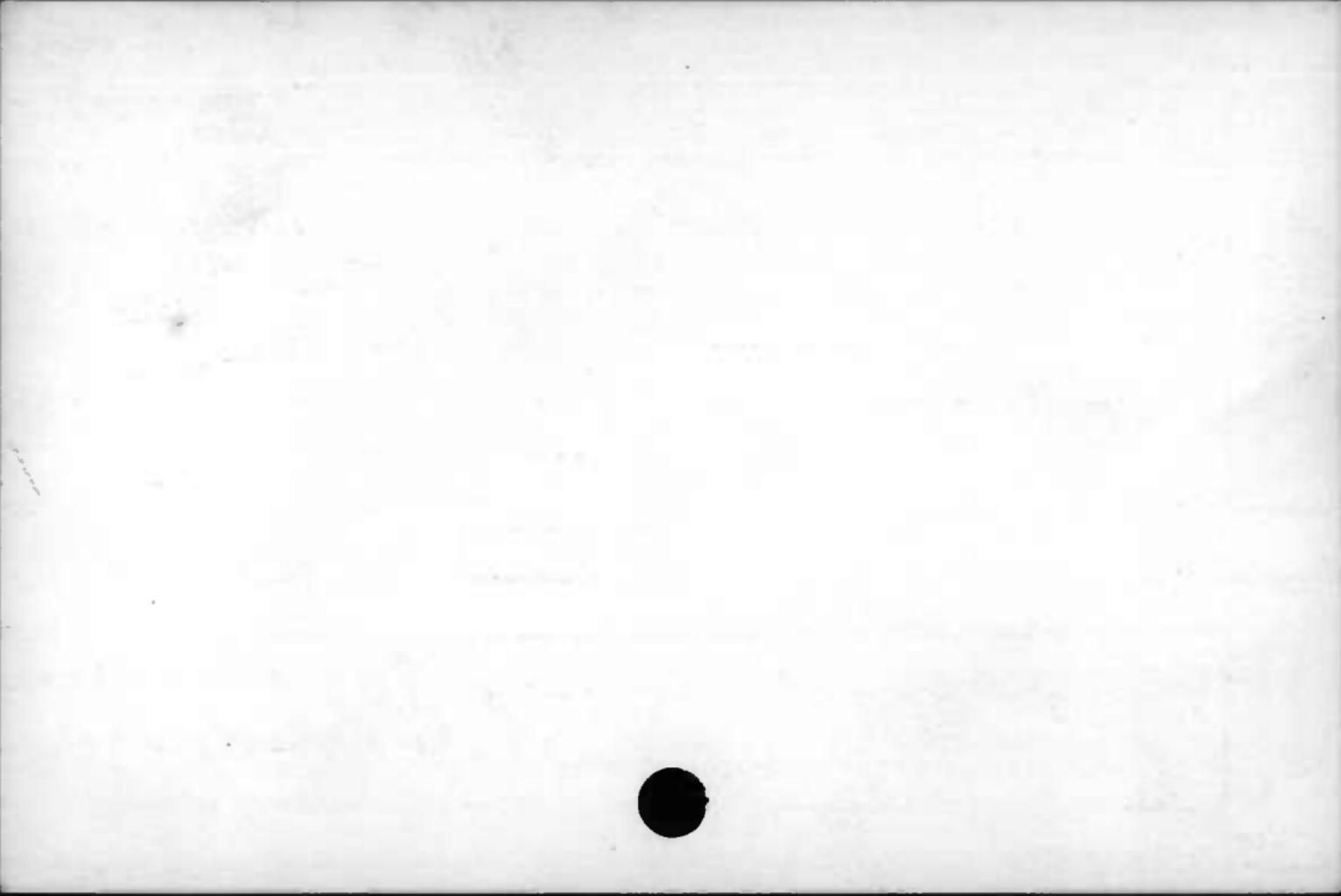
Address

Foster Suds

Sudbrooke

Md

Accident or Suicide?



Name
in
Full

Myrtle Walls

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Died		County		MARYLAND	
Wau Shagleye	Died		D.C.		MARYLAND	
Date of death 1905	Month	Day	Age	Years	Months	Days
Apr.	23	2	2	2	2	0
Sex Female	Color or Race	White	Birth-place	Caroline Co.		
Occupation Child	Where Residing if not at place of death					
Married, Single or Widowed Child	Name of Wife or Husband					
Father's Name Jno. Walls	Father's Birthplace Md.					
Mother's Maiden Name Billie Brackley	Mother's Birthplace Md.					
Name of person giving information Chas Daper	How related to deceased none					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

6 days

Immediate

Meningitis

93

How long

3 days

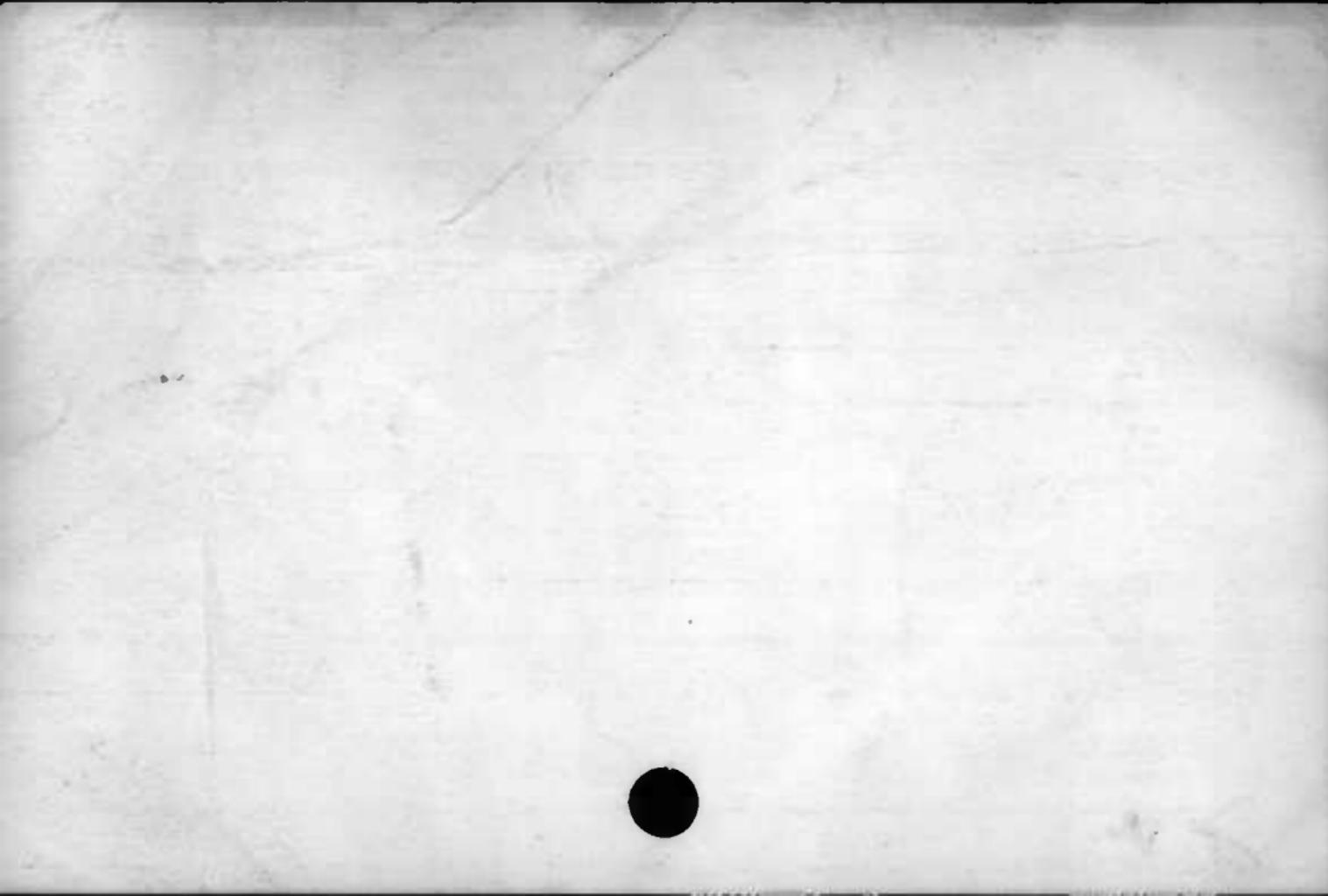
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. Brown & Son
Templeville
Md.

Accident or Suicide?



Name
in
Full

No Name (dead born)

CERTIFICATE OF DEATH

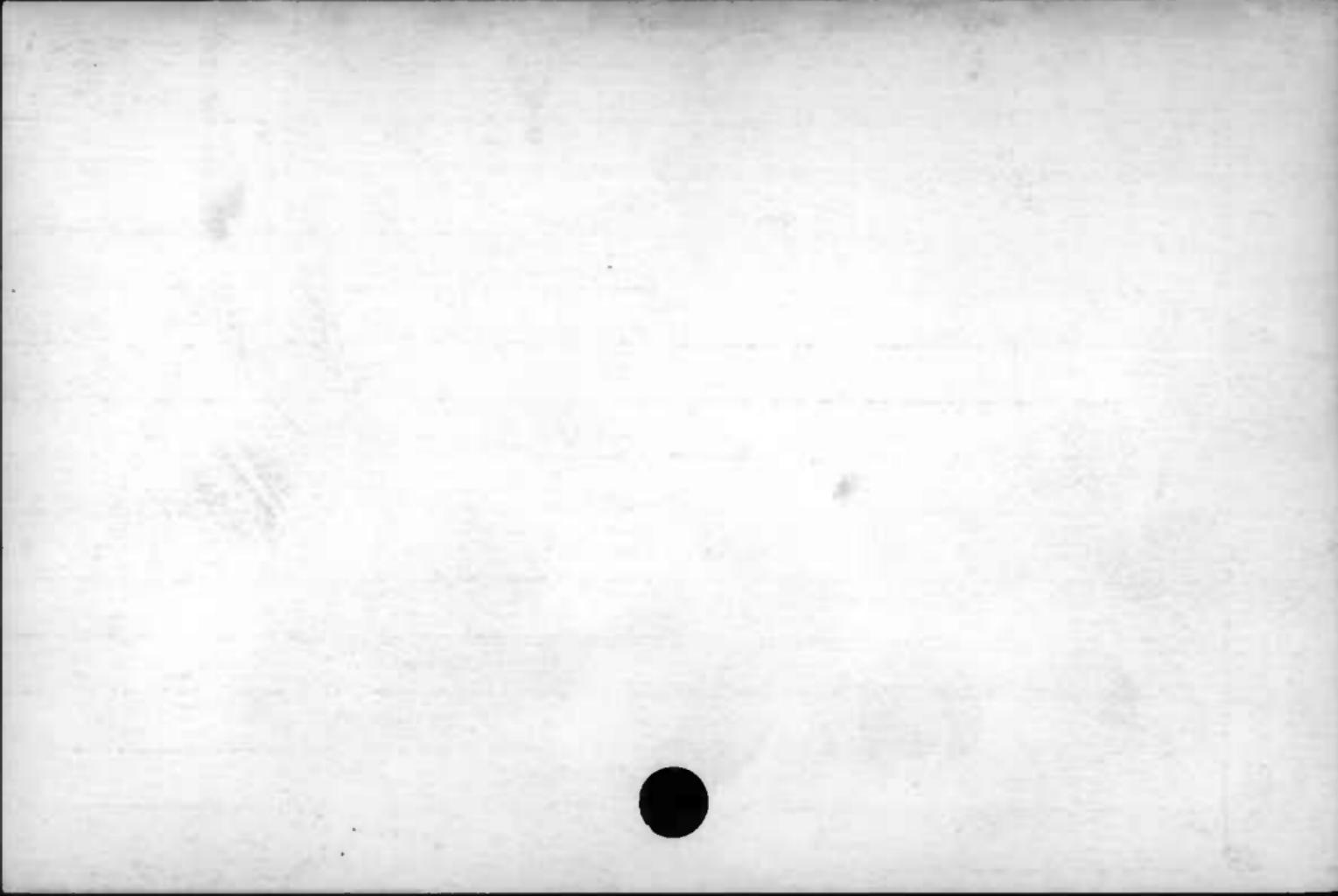
To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1905	Month	Day	Years	Months	Days
Sex	Male	Color or Race	white	Birth-place	2 a ac	
Occupation				Where Residing if not at place of death	" "	
Married, Single or Widowed				Name of Wife or Husband		
Father's Name	Frank Willis			Father's Birthplace	Talbot Co	
Mother's Maiden Name	M McDonald			Mother's Birthplace	2 a 60	
Name of person giving Information	Frank Willis			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	dead Born	8	How long	dead Born
Immediate	dead	Born	How long	dead Born
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	S. C. Ogleby M.D.	
		Address	Glenwood	
Accident or Suicide?			Md	



Name
in
Full

Moses Wilson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Winchester			County Queen Anne's		MARYLAND	
Date of death 1905	Month 4	Day 19	Age 33	Years	Months	Days
Sex male	Color or Race Hollard		Birth-place Winchester			
Occupation Oyster man	Where Residing if not at place of death					
Married, Single or Widowed married	Name of Wife or Husband Madeline Wilson					
Father's Name Chal Wilson	Father's Birthplace Queen Anne's					
Mother's Maiden Name Don't Know	Mother's Birthplace					
Name of person giving Information Samuel A Wilson	How related to deceased Brother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Immediate accident Drowning

How long

72

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Chal O'Conney
Coroner

Address

Accident or Suicide?

Accident

Fords store 2nd & Main

